



*Medi-Cal Managed Care Division*

# *state of california*



## Medi-Cal Managed Care External Quality Review Organization

### Quality Improvement Projects Report 4th Quarter 2006

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## Quarterly Status Report Validation of Quality Improvement Projects

### Status of Quality Improvement Projects (QIPs)

Seven projects were submitted to Delmarva from Medi-Cal managed care health plans in the fourth quarter, the period of October 1 – December 31, 2006. Validations were completed for each of these projects.

### QIP Reporting

Of the seven QIP projects submitted during the period, three of the projects were new proposals, five projects (including the three new proposals) were Internal QIPs (IQIPs), and two were Small Group Collaborative (SGC) QIPs. The topics for the seven projects submitted are shown below.

Table I. QIP Topics for Submissions July – September 2006.

Project Name	Plan	Year	Status	Improvement Achieved
Diabetes Collaborative (SGC)	Contra Costa Health Plan	Annual Submission Baseline (BL) 2002 Remeasurement 3	Validation completed	Yes
Cervical Cancer Screening (IQIP)	Health Plan of San Mateo	New Proposal Submission	Validation completed	N/A – proposal
Cervical Cancer Screening (IQIP)	Kaiser Marin-Sonoma	New Proposal Submission	Validation completed	N/A – proposal
Smoking Cessation (IQIP)	Kaiser Marin-Sonoma	New Proposal Submission	Validation completed	N/A - proposal
Formulary Management (IQIP)	LA Care	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Mixed*
Diabetes Collaborative (SGC)	Western Health Advantage	Annual Submission Baseline (BL) 2002 Remeasurement 3	Validation completed	Yes
Prenatal and Postpartum Care (IQIP)	Western Health Advantage	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Mixed*

\* A determination of mixed means that the plan documented improvement on some indicators measured, but not for all.

See Table II and the Appendix for additional information.

## Overall Strengths and Opportunities - All Projects

The health plans submitting QIPs during this period demonstrated a range of proficiency and are performing activities targeted to improve health care quality, many of which include clinical HEDIS-related measures. In those QIPs with documented remeasurements, some plans have had success in improving the indicators under study. Table II below provides a summary of the level of improvement in the indicators documented by all the plans for the QIPs performed and submitted this quarter. This level of improvement is grouped into three categories:

- 1) Substantial improvement: indicators where improvement of 10 percent or above is documented,
- 2) Minimal improvement: indicators where improvement of between one percent to nine percent is documented, and
- 3) No improvement: indicators where the results remain the same or there is no documented increase or decrease based on a plan's goals.

Table II. QIP Improvements April – June 2006.

Substantial Improvement	Minimal Improvement	No Improvement
Contra Costa Health Plan's HEDIS diabetic retinal eye exam testing rate increased from 26.8% to 37.7%	Contra Costa Health Plan's HEDIS diabetes HbA1c testing rate increased from 77.3% to 77.5%. The plan's rate of poor HbA1c control decreased from 46.2% to 41.5%, and its LDL-C testing rate increased from 82.2% to 82.9%.	None reported.
LA Care's rate of provider dissatisfaction with the formulary process decreased 12.1% for Intervention Group 2.	LA Care's rate of provider dissatisfaction with the formulary process decreased 6.9% for Intervention Group 1.	

Substantial Improvement	Minimal Improvement	No Improvement
<p>LA Care's rate of prescriptions for asthma controller medications increased 19.8% for Intervention Group 1. The plan's rate of asthma reliever prescriptions decreased 22.6% for this same group, and the plan's controller to reliever prescription ratio increased 85.5%.</p> <p>LA Care's rate of prescription for second line antibiotics decreased by 20.8% in Intervention Group 1.</p> <p>LA Care's rate of prescription for second line antibiotics decreased by 68% in Intervention Group 2.</p>	<p>LA Care's rate of prescriptions for asthma controller medications increased 9.1% for Intervention Group 2. The plan's rate of asthma reliever prescriptions decreased 1.5% for this same group, and the plan's controller to reliever prescription ratio increased 6.7%.</p> <p>LA Care's rate of prescription for first line antibiotics increased by 6.7% in Intervention Group 2.</p>	<p>LA Care's rate of prescription for first line antibiotics decreased by 2.6% in Intervention Group 1.</p>
<p>None reported.</p>	<p>Western Health Advantage's HEDIS diabetes HbA1c testing rate increased from 81.51% to 82.48%, and the plan's LDL-C testing rate increased from 87.35% to 89.29%. The diabetic retinal eye exam rate increased from 45.50% to 48.8%, and its rate for monitoring diabetic nephropathy increased from 53.77% to 55.96%.</p> <p>Western Health Advantage's HEDIS postpartum visit rate increased from 44.09% to 50%.</p>	<p>Western Health Advantage's HEDIS prenatal care rate decreased from 67.72% to 66.67%.</p>

## Recommendations

As demonstrated in the above table, the Medi-Cal Managed Care plans submitting QIPs vary in the level of improvement achieved. Delmarva recommends the following strategies as potential adjunctive efforts that may be useful in achieving and sustaining improvement.

- Health plans participating in collaboratives, (e.g. diabetes) that identify the same or similar barriers to improvement may benefit from coordinating interventions, (e.g. joint plan and provider staff trainings, distribution of educational materials), when feasible.
- Health plans indicate barriers to achievement in the QIP documentation. However, addressing how they will overcome the barriers may be a more effective means of helping the health plans develop strategies and will allow the reviewer to track the decrease in barriers over time.
- Maintaining gains in improvement is an opportunity. Health plans may benefit by documenting their plan for sustainability of improvement in the QIP reports.
- To promote the spread of successful interventions, when sustainability of improvement has been attained, CDHS should consider promoting a “Best Practice” forum to enhance plans’ knowledge of effective interventions and methodology for sustaining improvement.
- Based on documented improvements in its Formulary Management and Prescribing Project for the groups that received interventions, LA Care should implement this project system wide.
- Western Health Advantage should further analyze the cause for the decrease in its prenatal care rate and implement timely and strong interventions.

The following Appendix contains a summary of each QIP reviewed and validated during the fourth quarter of 2006.

## Appendix

### Contra Costa Health Plan: Diabetes Collaborative (SGC)

➤ **Relevance:**

- Contra Costa Health Plan (CCHP) reported that the prevalence for diabetes in its Medicaid membership was estimated to be between 5% and 6%. The plan further reported that approximately 60% of its Medicaid membership is Hispanic or African American, groups that have a high prevalence rate for diabetes.

➤ **Goals:**

- To achieve a statistically significant increase ( $p < 0.05$ ) in the HEDIS rates for HbA1c testing, LDL-C screening, retinal eye exams, and poor HbA1c control.

➤ **Best Interventions:**

- Development of a diabetes registry.
- Development of a diabetes disease management program.
- Development and distribution of a Diabetes Toolkit to inform and help members manage their diabetes.

➤ **Outcomes:**

- HEDIS HbA1c testing rate

- ◊ 2004: 77.3%
- ◊ 2005: 77.5%

The plan reports this increase is not statistically significant.

- HEDIS HbA1c control rate

- ◊ 2004: 46.2%
- ◊ 2005: 41.5%

The plan reports this decrease is statistically significant.

- HEDIS LDL-C screening rate

- ◊ 2004: 82.2%
- ◊ 2005: 82.9%

The plan reports this increase is not statistically significant.

- HEDIS Diabetic Eye Exams testing rate

- ◊ 2004: 26.8%
- ◊ 2005: 37.7%

The plan reports this increase is statistically significant.

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Insufficient member education and self-management skills.
- Barrier: Insufficient provider knowledge of diabetes guidelines.
- Barrier: Lack of coordination between CCHP, the public health department, and providers.

### Health Plan of San Mateo: Cervical Cancer Screening (IQIP)

➤ **Relevance:**

- Health Plan of San Mateo (HPSM) reports that its members are considered a high-risk group for cervical cancer due to their low socioeconomic status, racial and ethnic backgrounds.

➤ **Goal:**

- To increase the HEDIS cervical cancer screening rate to reach the 25<sup>th</sup> percentile of the national Medicaid average.

➤ **Best Interventions (Planned):**

- A total of 1200 women were identified by health plan from administrative data as being past due for Pap test.
- Reminder protocol, including information about Bath and Body Works incentives, Pap tests, provider lists, and appointment confirmation letter, to be implemented and carried out by the health promotion specialist with women due for a Pap test.
- Provide outreach and education to women regarding cervical cancer and Pap test.

➤ **Outcomes:**

- N/A – this project is a proposal.

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Lack of awareness by members of the importance of a Pap test.
- Barrier: Lack of provider awareness of the challenges that HPSM members encounter in navigating the healthcare system.

### Kaiser Marin-Sonoma: Cervical Cancer Screening (IQIP)

➤ **Relevance:**

- Kaiser Marin-Sonoma reported that 83% of its members are women and children and there are 80-100 invasive cervical cancer cases every year in Northern California.
- Kaiser Marin-Sonoma's score on the cervical cancer screening HEDIS measure was below the 25<sup>th</sup> percentile in 2005.
- Pap screening for women ages 18-64 helps reduce the cervical cancer morbidity and mortality rates and is the most cost-effective cancer screening tool available today.

➤ **Goal:**

- To achieve a cervical cancer screening rate of 85% (NCQA HEDIS 2006 National 75th Percentile) among the eligible population of women 24 to 64 years of age by remeasurement 1.

➤ **Best Interventions (Planned):**

- Targeted outreach by the health plan to age-appropriate women in Marin and Sonoma Counties including telephone calls, mailings, and in-person reminders when they are due for cervical cancer screening.
- A reminder system will be implemented to inform providers when member screening tests are due.

➤ **Outcomes:**

- N/A – this project is a proposal.

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Lack of member awareness of the appropriate time and intervals for screenings.
- Barrier: Lack of member education regarding the importance of screenings.
- Barrier: Member awkwardness regarding making appointments for screenings.

**Kaiser Marin-Sonoma: Smoking Cessation (IQIP)**

➤ **Relevance:**

- Smoking is the leading preventable cause of death in the United States and is responsible for over 400,000 deaths per year. Studies indicate that 70% of smokers are interested in quitting, and smokers report they would be more likely to stop if a healthcare provider advised them to quit.
- Kaiser Permanente is utilizing Kaiser Marin-Sonoma's membership in a pilot project developed around the HEDIS Medical Assistance with Smoking Cessation measure.

➤ **Goal:**

- To achieve the NCQA Medicaid average rate of 66.9% on the HEDIS Medical Assistance with Smoking Cessation measure.

➤ **Best Interventions:**

- Smoking status is considered a member "vital sign" by the health plan, and members are asked by a health care practitioner in all departments at every visit if they smoke.
- Members who smoke are advised to quit and are counseled by their provider, with a variety of tools and resources provided by the health plan including member brochures in English and Spanish, smoking cessation classes and Kaiser Healthy Lifestyles internet program.

➤ **Outcomes:**

- N/A – this project is a proposal.

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Providers do not identify smokers during interactions with members.

**LA Care: Formulary Management (IQIP)**

➤ **Relevance:**

- LA Care sought to simplify the formulary process for members and providers. The plan reported that multiple formularies are used to prescribe medications for members within five subcontracted health plan options.

➤ **Goal:**

- To decrease provider dissatisfaction with the formulary process.
- To improve provider selection of appropriate asthma controller medications for members at the point of prescribing, based upon asthma medication prescribing guidelines.
- To improve provider selection of first-line antibiotics defined by the American Thoracic Society (ATS) and Infectious Diseases Society of America (IDSA) as the most effective treatment regimen for a given health condition. Penicillin and amoxicillin are examples of drugs considered first-line antibiotics.

➤ **Best Interventions:**

- Conducted 14 training sessions for 70 providers in intervention group 2 who received a personal digital assistant (PDA) and prescription software.
- Disseminated prescription software to 90 providers in intervention group 1 who already owned PDAs.

➤ **Outcomes:**

- LA Care measured outcomes for members with providers in both intervention groups. Intervention Group 1, comprised of providers who already owned a PDA, received prescription software from LA Care, but no training. Intervention Group 2 providers received a PDA, prescription software, and training from LA Care. NOTE: All rates identified below are the mean rates, which are the sum of rates for all cases calculated by the plan, then divided by the total number of cases.
- Provider dissatisfaction rate – Intervention group 1.
  - ◊ 2004: 3.92%
  - ◊ 2005: 3.65%
- Provider dissatisfaction rate – Intervention group 2.
  - ◊ 2004: 3.71%
  - ◊ 2005: 3.26%
- Asthma medications prescription rate – Intervention group 1.
  - ◊ Asthma controller prescriptions
    - 2004: 13.1%
    - 2005: 15.7%
  - ◊ Asthma reliever prescriptions (Note: a decrease = improvement.)
    - 2004: 27.0%
    - 2005: 20.9%

- Asthma medications prescription rate – Intervention group 2.
  - ◊ Asthma controller prescriptions
    - 2004: 6.6%
    - 2005: 7.2%
  - ◊ Asthma reliever prescriptions (Note: a decrease = improvement).
    - 2004: 13.0%
    - 2005: 12.8%
- Antibiotic prescription rate – Intervention group 1.
  - ◊ 1<sup>st</sup> Line Antibiotics
    - 2004: 27.2
    - 2005: 26.5
  - ◊ 2<sup>nd</sup> Line Antibiotics (Note: a decrease = improvement.).
    - 2004: 2.4%
    - 2005: 1.9%
- Antibiotic prescription rate – Intervention group 2.
  - ◊ 1<sup>st</sup> Line Antibiotics
    - 2004: 25.5%
    - 2005: 27.2%
  - ◊ 2<sup>nd</sup> Line Antibiotics (Note: a decrease = improvement.).
    - 2004: 2.4%
    - 2005: 1.9%

➤ ***Attributes/Barriers to Outcomes:***

- Barrier: Providers with negative attitudes regarding using new technology.

**Western Health Advantage: Diabetes Collaborative (SGC)**

➤ ***Relevance:***

- Western Health Advantage (WHA) reported that diabetes is ranked among its top 10 diagnoses by frequency of services per thousand and by cost.

➤ ***Goals:***

- To increase the HEDIS rates for HbA1c testing, LDL-C screening, retinal eye exams, and nephropathy monitoring.
- To include 25% of diabetics in a registry or electronic medical record system that provides tracking and reminders for HbA1c testing, LDL-C screening, retinal eye exams, and nephropathy monitoring.

➤ **Best Interventions:**

- Diabetes clinical practice guidelines were updated and posted on WHA's website.
- Development of a diabetes registry.
- Development and distribution of diabetes self-help brochures to members by the plan.
- Diabetes nephropathy toolkit distributed to primary care providers.

➤ **Outcomes:**

- HEDIS HbA1c testing rate.
  - ◊ 2004: 81.51%
  - ◊ 2005: 82.48%
- HEDIS LDL-C testing rate.
  - ◊ 2004: 87.35%
  - ◊ 2005: 89.29%
- HEDIS diabetic eye exams testing rate.
  - ◊ 2004: 45.50%
  - ◊ 2005: 48.18%
- Diabetic nephropathy monitoring rate.
  - ◊ 2004: 53.77%
  - ◊ 2005: 55.96%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Lack of provider knowledge regarding current clinical practice guidelines for diabetes.
- Barrier: Lack of member education regarding self-management of diabetes.
- Barrier: Lack of a tracking system to track members' compliance with required diabetes tests/screenings.
- Barrier: Failure of members to return to their providers for services.

**Western Health Advantage: Prenatal and Postpartum Care (IQIP)**

➤ **Relevance:**

- Western Health Advantage (WHA) indicated that women of childbearing age comprise approximately half of its female membership. WHA's HEDIS 2004 prenatal care and postpartum care screening rates were less than the CDHS minimum performance level (MPL), which is the 25<sup>th</sup> percentile of the national Medicaid average.

➤ **Goal:**

- To raise the prenatal care and postpartum care screening rates into the 25th percentile to meet the MPL.

➤ ***Best Interventions:***

- Published articles regarding prenatal care and postpartum care in the member newsletter.
- Distributed a monthly prenatal mailer to all women ages 18 to 42 identified by pharmacy data as receiving a prenatal vitamin.

➤ ***Outcomes:***

- HEDIS Timeliness of Prenatal Care rate:
  - ◊ 2004: 67.72%
  - ◊ 2005: 66.67%
- HEDIS Postpartum Care rate:
  - ◊ 2004: 44.09%
  - ◊ 2005: 50.00%

➤ ***Attributes/Barriers to Outcomes:***

- Barrier: Members have transportation and childcare issues that make it difficult to attend appointments.
- Barrier: Lack of provider knowledge regarding specific timeframes for prenatal care and postpartum care.
- Barrier: Lack of automated processes for member follow-up after missed appointments.